PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/56/217

CLAIMS AS FILED - PART I			SMALL EN	TITY	•	OTHER	T11444
	(Column 1)	(Column 2)	TYPE		OR		
U.S. NATIONAL STAGE FEES	(00.00.00	(Oblinit 2)	RATE	FEE	7	RATE	FEE
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300	BASIC FEE		OR	BASIC FEE	2
EXAMINATION FEE	Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200	EXAM. FEE		1	EXAM, FEE	30
SEARCH FEE	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400	All other situations = \$ 250 / \$ 500	SEARCH FEE			SEARCH FEE	400
EE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X \$ 125 =		1	X \$ 250 =	100
OTAL CHARGEABLE CLAIMS	minus 20 =	•	X \$ 25 =		OR	X \$ 50 =	<u> </u>
IDEPENDENT CLAIMS	3 minus 3 =		X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT			+ \$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)			SMADL E	NTITY .	OR	OTHER SMAQL E	
CLAIMS REMAINING AFTER AMENOMENT	HIGHE NUMB PREVIOU PAID F	ER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total AMENOMENT Independent	Minus " H) · =	X \$ 25 =		OR	X \$ 50 =	
Independent - 5	Minus) = \	X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
1/9/2			FEE TOTAL ADDIT.		OR\	FEE	·
(Column 1)	(Column						
CLAIMS REMAINING AFTER AMENDMENT	HIGHES NUMBE PREVIOU PAID FO	PRESENT EXTRA	RATE	ADDI- TIONAL REE		RATE	ADDI- TIONAL FEE
11/2	linus "	=	X \$ 25 =		OR	x \$ 50 =	\
independent • B	linus 3	=	X \$ 100 =	À	OR	X \$ 200 =	1.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+\$ 180=		QR -	+ \$ 360 =	$\overline{}$
			TOTAL ADOIT.		OR	OTAL ADOIT.	7
			•)	l	
If the entry in column 1 is less than the en	itry in column 2. write "O" in c	olumn 3.				•	i
If the "Highest Number Previously Paid Fo If the "Highest Number Previously Paid Fo	or" IN THIS SPACE Is less th	an 20', enter 20'.	•				
The Highest Number Previously Paid Fo			he appropriate box in	column 1.			

FORM PTO-875 (Rev. 02/2005)

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